Service paper

The integration of the pediatric principles of nursing care in a rheumatic fever state program.

Submitted by

Eleanor Patricia Duffy

Duffy, E.P.
1947

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Service Paper

THE INTEGRATION OF THE PEDIATRIC PRINCIPLES OF NURSING CARE IN A RHEUMATIC FEVER STATE PROGRAM

Submitted by

Eleanor Patricia Duffy

(B.S.,New York University, 1943)

In partial fulfillment of requirements for

the degree of Master of Science in Nursing

1947

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CHAPTER I

INTRODUCTION

The purpose of this study is to present a method which may be used in the integration of the principles of pediatric nursing within a state-wide program for the improvement of the care of children and young adults with rheumatic fever. Surgeon General Parran of the United States Public Health Service defined a public health problem as follows:

> Whenever any disease is so widespread in the population, so serious in its effect, so costly in its treatment that the individual, unaided, can not deal with it himself, it becomes a public health problem.[1]

The several medical and allied professional groups interested in this disease as a public health problem are the American Heart Association, the American Academy of Pediatrics, the American College of Physicians, the American Medical Association, the American Public Health Association, the American Nursing Association, the American Association of Medical Social Workers, and the Children's Bureau. As a result of studies made by the Children's Bureau, an organization whose chief concern is the welfare of the child, the

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[1]Surgeon General Parran, in his address before the Conference on Better Care for Mothers and Babies. Washington. D.C., January, 1938.

following recommendations have been made:

> Expansion of service for crippled children. Crippled Children's services should be extended through provisions for clinics, hospitals and other types of care as indicated, until complete service is made available to the entire nation.
>
> Rheumatic Fever. In view of the fact that rheumatic fever, together with rheumatic heart disease, is the leading cause of death from disease among children of school age, and in view of the recognized need for the extension of services for children with this disease, a rheumatic fever program should include diagnostic and treatment services and aftercare and should be expanded as rapidly as the availability of personnel and facilities will allow until the service is State-wide.[1]

It is apparent, therefore, from data compiled by the Bureau of Census that rheumatic fever must of necessity be considered as a major public health problem. In 1941, the Bureau of Census listed 497 deaths, in the age group of 5 to 14 years, as the direct result of rheumatic fever. In addition to this number, 85 per cent of the deaths resulting from heart disease may be attributed to rheumatic fever since it is the underlying cause of almost all childhood heart disease. From these facts we can conclude that each year about 1800 deaths are caused directly or indirectly by this disease. Survey results indicate that rheumatic fever is second only to tuberculosis in mortality rate in the age group 15 to 19 years and that it is more prevalent in certain geographical

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[1] Facts About Child Health, Bureau of Publications No. 294. United States Department of Labor, Children's Bureau, Washington, D.C., 1946, p. 27.

areas than in others. It is interesting to note what the Bureau of Census found.

> The next largest number of deaths in this age group caused by any disease was 1,763 pneumonia (including influenza). Appendicitis was third, with 1,273. Rheumatic fever continues to be a serious threat to school children of high-school age; although tuberculosis is the leading cause of death from disease in the age group 15 to 19 (3,257 deaths in 1941), rheumatic fever is second, with an estimated 1,500 deaths due primarily to this cause.[1]

The Seventh-Ninth Congress, interested in the health and welfare of children, on the eve of adjournment, doubled the appropriation of Children's Bureau. The Congress made available for Children's Bureau work twenty-two million dollars of federal money which will be supplemented by funds contributed by the different states. Such a sum of money should aid greatly in the development and expansion of programs for children with rheumatic fever. States may apply for funds to establish a demonstration unit as a special project.[2]

> In order to make as good use as possible of the limited funds available, it was decided that programs should be encouraged only in those states, and only in those areas within states where there was a demonstrated need and where it would be possible to organize a program of good and complete care for children with rheumatic fever, including good medical, medical-social and nursing service and facilities for adequate diagnostic, hospital

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[1] Summary of Vital Statistics, 1941, Vol. 18, No. 2. Bureau of Census, United States Department of Commerce, Washington, D.C., January, 1943, p. 11.

[2] Editorial, American Journal of Nursing (September, 1946), 46:578.

and sanatorial care and after-care.[1]

The State of New Jersey, realizing that rheumatic fever is a public health problem and one of the foremost diseases of childhood in the state, applied for and received funds to provide care for children with rheumatic fever. The grant was made to a limited degree through Title 5, Part 2, of the Social Security Act administered by the Children's Bureau, Federal Security Agency.

The purpose of this demonstration unit is to provide total care to the child with rheumatic fever. Total care implies hospital care, clinic service, continuous follow-up care and supervision which considers the child's physical, social, mental, and emotional needs. The pediatric nurse consultant must, therefore, cooperate with existing public health agencies. A former public health consultant, appointed for the State of New Jersey, is qualifying in the nursing care of children in order that skilled nursing care which considers the total needs of the child may be assured. This demonstration unit will serve as a guide for the establishment of other cardiac units for children until the service has been expanded to meet the state-wide needs.

In Newark, New Jersey, a demonstration Children's Heart Disease Center has been established by the State Crippled

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[1]Betty Huse, M.D., "General Statement Regarding State Rheumatic Fever Program," Journal of Pediatrics (March, 1945), 26:245-249.

Children Commission which is the official state agency responsible for the administration of the cardiac program. This center has adequate facilities for the diagnosis and care of children with heart disease. The children first served are from Essex County which has a population of 409,646 and an area of 127 square miles.

There is no state law defining a crippled child; however, the Crippled Children Commission has adopted the following:

> Children between the ages of birth and twenty-one years of age inclusive, suffering from rheumatic heart disease, and those whose activity is, or due to a progressive condition may become, so far restricted by loss, defect or deformity of bones, nerves, or muscles as to reduce normal capacity for education or self-support.[1]

A child with a rheumatic, congenital, or acquired heart condition or with heart disease of unknown cause or with any condition that may lead to heart disease will be accepted for attentional care by the commission under the New Jersey State Plan. The terminology and method of classification are based on the Standard Classification Nomenclature of Disease compiled by the National Conference on Nomenclature of Disease and published by the Commonwealth Fund in 1935.[2]

The professional personnel employed by the state agency

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[1]New Jersey State Crippled Children Commission State Plan, 1946, p. 1.

[2]<u>Ibid</u>., p. 3.

should include a pediatrician, a pediatric nursing consultant, a medical-social worker, a psychologist, and a cardiologist. The pediatrician is the medical director of the cardiac program and the other professional personnel are responsible to him for maintaining high professional standards in the care of children with rheumatic heart disease. A rheumatic fever program when established in a state should provide a wide range of services which will include case finding, finding of suitable institutions and foster homes for children under treatment, assistance and guidance to the child to be cared for in his own home as well as diagnostic service and the medical, nursing, and medical-social supervision offered in the clinic. Provision should be made for continuity of care which includes an adequate follow-up service. The program should make provision for post-graduate training of the physicians, public health nurses, and medical-social workers employed by the official state agency, and also for the nursing personnel of the hospital in which the cardiac unit is to be located. The pediatric nurse consultant who is responsible for maintaining a high standard of nursing care should have special preparation in pediatrics. The pediatric nursing consultant appointed in the New Jersey State Rheumatic Fever Program should have the following recommended qualifications:

1. Graduation from an accredited school of nursing.
2. A registered nurse of the state of New Jersey.

3. Satisfactory completion of an approved program of study in public health nursing.
4. Experience in public health nursing.
5. Satisfactory completion of an advanced program of study in pediatric nursing.[1]

The New Jersey State Crippled Children Commission has arranged for one of its present regional supervisors of public health nurses to study in the Boston University program in Advanced Clinical Pediatric Nursing so that she may be able to direct and integrate the pediatric principles of nursing care within the state program.

The principal objective of this program is to provide skilled nursing care and health supervision to children with rheumatic heart disease. The degree to which this program will meet the needs of the rheumatic child will be dependent on the ability of the pediatric nurse consultant to interpret the principles of pediatric nursing care to nurses and workers in related fields. The following objectives of the pediatric nursing consultant are contributory factors to the main objective:

1. To assume responsibility for the organization and extension of the pediatric nursing program on a county to state-wide basis as the need arises.

2. To interpret to the director and staff members of the Crippled Children Commission the need for policies and procedures affecting the nursing needs of the cardiac child.

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[1]New Jersey State Crippled Children Commission State Plan, p. 4.

3. To integrate the medical, nursing, and social aspects of the cardiac child by meeting the nursing problems arising during clinic, hospital, convalescent, or after-care service.

4. To provide consultant nursing service for state and local public health nurses and other health department personnel in regard to the pediatric nursing needs of the cardiac child.

5. To interpret to local communities existing conditions which are, or may be attributed to, pediatric nursing problems.

6. To correlate and assist in the development of community resources to meet the pediatric nursing needs through participation in conferences and meetings of lay, nursing, or welfare groups.

7. To participate in staff education programs through the organization of material pertinent to the pediatric aspects of care.

8. To devise and establish inter-department reporting procedures for the relaying of pertinent data to cooperating nursing agencies and to work out with them a plan for offering nursing services to cardiac children.

9. To develop working relationships with state, local, public, and private health and nursing organizations.

10. To assist in making surveys with all those community agencies which may collaborate in the total plan of care.

Services for children with rheumatic fever are limited in this country. "Some services for this group of children are now available under State programs in only 240 counties of the total 3,082 counties of the United States and its possessions and even in these 240 counties, services are not available to all the children who need them because of lack of sufficient professional personnel, sufficient facilities

or sufficient funds."[1] The following plan is designed to show how the principles of pediatric nursing care have been and can be integrated into the rheumatic fever demonstration unit in the State of New Jersey. Once the plan has been in operation for a period of one year, and has been evaluated and revised, it should serve as a guide for the establishment of similar units in other counties.

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[1]Huse, op. cit., p. 249.

CHAPTER II

INITIAL PLAN FOR THE ESTABLISHMENT OF THE PROGRAM

The survey of a county and the ultimate selection of a district for the establishment of a Children's Heart Disease Center should be based on certain factors; namely, population, geographical location, and statistics completed to show the prevalence of rheumatic fever in the locality. There should also be available in the county a hospital with facilities adequate for providing the necessary in-patient and out-patient services; such an in-patient unit usually allows twenty-five beds for the care of patients with acute rheumatic fever. There should be, moreover, a convalescent home as well as facilities for covering the entire county with nursing service because health supervision and follow-up care are essential in any plan for the total care of children.

To formulate a program in the county, the medical director of the cardiac program and the pediatric nursing consultant should have an over-all planning committee. The committee should have both county and state representatives. It should include the medical director of the official state agency, the director of public health nursing, director of medicine of the state department of institutions and agencies,

president of the state organization of public health nursing, the health consultant from the state board of children's guardians, president of the state medical society, a representative of the state department of education and of the state tuberculosis association. The county representatives should include the county superintendent of schools, the county medical society and the heart committee. Furthermore, the medical directors of all the health departments, the directors of the visiting nurse associations, and the supervisors of the school nurse's program should have a part in the establishment of any program.

The first meeting for the inauguration of a program should be conducted by the medical director of the cardiac program. The director should outline the proposed program for cardiac care. The objectives of such a program in any county would be:

1. To secure early diagnosis and adequate medical and nursing care for children with signs indicating the actual or probable presence of rheumatic fever.

2. To protect children, so far as possible, from any recurrence of rheumatic fever by means of adequate instruction and medical supervision.

3. To coordinate the state program with any private programs which have already been established in the county.

Further, the director of the cardiac program should interpret for the groups the scope and limitations of such a project and he should solicit the cooperation of every one

present for the inception of a program in the county. Rapport should be established with the board of education and the supervisor of school nurses in order that any case, found in the school and not under private care, may be readily referred to the cardiac unit for diagnosis. The health supervision and the education of patients and teachers should be carried on by the school nurse.

At this same meeting the nursing consultant should determine whether or not the various nursing agencies are willing to assume the responsibility for the health education and follow-up care of the children and young adults who come under the state program. A duplication of nursing service is to be avoided. A plan should be developed, however, so that the visiting nurse associations will provide home nursing bedside care and health supervision. In areas where there is no visiting nurse association, the health department nurse will be responsible for all phases of nursing care that are necessary for the total care of the child.

Having been assured of the cooperation of the over-all planning committee and having done a spot map to insure that the entire county will be covered by nursing service, the director should set a time for a subsequent meeting at which the selection of a hospital, the clinic hours, and method of referral of patients to the diagnostic clinic will be discussed. The director of the official state agency should

survey with the medical director and nursing consultant the various private hospitals in the county for the purpose of determining which hospital and convalescent home meet the pediatric nursing standards for the care of children with rheumatic heart disease. Hospital and clinic care for these affected children should be up to the standards accepted by the American Heart Association, the Council on Hospitals of the American Medical Association, the American Medical Association, and the American College of Surgeons. The nursing consultant should see that the hospital meets the standards of nursing care as prescribed by the National League of Nursing Education.

Any hospital which is submitted in a state plan that will receive Children's Bureau approval shall meet the following general standards:

1. It shall conform to the fire laws of the state; likewise it shall conform to the state plan approved for the state by the Children's Bureau.

2. It shall provide an adequate consulting and inpatient staff of physicians.

3. It shall have an adequate nursing staff supervised by a registered nurse with special pediatric preparation or experience.

4. It shall be provided with isolation facilities adequate both for the observation of recently admitted patients and for the segregation of previously admitted patients who develop suspicious symptoms.

5. It shall be equipped with laboratory facilities adequate for hematology, bacteriology, chemistry,

serology and urinalysis.

6. It shall be provided with X-ray and fluoroscopic equipment, with an electrocardiograph and a basal metabolism machine.

7. It shall have an operating room with appropriate surgical facilities.

8. It shall keep adequate medical records.[1]

The pediatric nursing consultant should survey the pediatric department of the hospital and find out whether or not there is a separate unit for the treatment of rheumatic fever. Such a unit should be carefully studied for its needs and for its physical aspects of size and location. It should provide cubicle arrangements, individual equipment for each patient, ample facilities for the nurses to carry out nursing techniques, isolation facilities, cupboard space, medicine closets, a treatment room, and a diet kitchen. The consultant should discuss the equipment of the department with the supervisor in charge of the floor.

Nursing care in the pediatric unit should be evaluated according to the hours of bedside nursing care allowed per patient by both graduate and student nurses. The average time to be allowed is 4.4 hours per patient.[2] The unit should be staffed by a graduate nurse during all twenty-four

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[1]New Jersey State Crippled Children Commission State Plan, 1946, pp. 12-13.

[2]Blanche Pfefferkorn and Charles Rovetta, Administrative Cost Analysis for Nursing Service and Nursing Education, 1940, p. 89.

hours of the day. The nursing staff should work only an eight-hour day in keeping with the practices of many hospitals of high standard throughout the state. The graduate nurses working in the unit should meet the qualifications outlined by the National League of Nursing Education which include graduation from an accredited school of nursing; they should, moreover, be urged to enroll in a college or university for courses in general psychology, educational psychology, child psychology, and courses in pediatric nursing including growth and development.[1]

The supervisor who is responsible for high standards of care in a pediatric department and for the supervision of a rheumatic fever unit, should have the minimum qualifications suggested for personnel for hospital nursing services as outlined by the National League of Nursing Education. The supervisor should have a minimum of three years experience with six months or more of service in two or more of the following capacities:

1. As a graduate staff nurse in a hospital or public health nursing agency or as a nurse in private practice.

2. As a head nurse, who might serve at the same time as the assistant clinical instructor.

3. As a supervisor, who might serve simultaneously as the assistant clinical instructor.

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[1]Suggested Minimum Qualifications of Personnel for Nursing Schools and Hospital Nursing Services, National League of Nursing Education, 1946, p. 9.

The supervisor should hold from an accredited institution a bachelor's degree which includes, or is supplemented by, courses in the program of studies for supervisors or clinical departments. Such courses should include general clinical nursing, specialized pediatric clinical nursing, the management of a unit of a clinical department, the management of a clinical department and its units with field experience, personnel administration, and the principles of public health nursing.[1]

The nursing consultant should observe carefully the atmosphere of the ward, the attitude of the workers, the attractiveness and the cleanliness of the furnishings of the ward, the comfort of the patients, and the relationships existing between child and nurse or other related workers. The educational, spiritual, and recreational facilities of the hospital, along with the schedule of visiting hours, should be noted as all of these services are contributing factors in any plan for the total care of the child.

The pediatric nursing consultant should observe the placement and age-grouping of sick children and any other incidental situations which give evidence of good nursing. If possible, the consultant should follow a patient through the clinic from the admitting room to the ward in order that she may have a better understanding of how children are

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[1]Ibid., p. 7.

admitted to a hospital from the state cardiac clinic.

The physical set-up of a clinic should be analyzed. There should be a waiting room and private office space. The public health nurse should have a private office in which to interview the mother, to explain the examination to the child, and to interpret the doctor's recommendations. Private office space should also be allotted to the medical-social worker to whom cases either of a questionable financial status or with social problems may be referred. However, a complete diagnostic examination is done without any social or financial investigation.

In the waiting room of the clinic, there should be books, toys, and recreational materials suitable for children of the various age groups. There should also be a volunteer worker to organize play materials and with opportunity to read to the children. If the children can be left under such supervision in the waiting room, the mother will have an opportunity to discuss her child's problems of care within a group conference or in private with the doctor, nurse, or social worker. Frequently, information and instructions which are not to be discussed with the child are given to the mother.

The State Cardiac Clinic administered by the State Crippled Children Commission prescribes certain requirements and routines for admission. It offers complete diagnostic facilities from birth until the age of twenty-one to every

child in whom the question of heart disease has arisen. If a child is accepted for care, treatment is provided for him regardless of his race, color, sex, or creed. The clinic is held during the same hours of the same day each week (e.g., 9:15 A.M. to 12:30 P.M. on Wednesdays at St. Michael's Hospital).[1]

The public health nurse holds a preliminary interview with the young patient and his mother to obtain basic data, which include name, address, age, brief history, and the name of the referring physician or agency. At the initial interview the public health nurse has an opportunity to establish rapport with the child and with the parent or guardian who has brought the child to the clinic. Both the child and the parent should have an opportunity to ask questions. On the other hand, the nurse should prepare the child for the examination by explaining to him why certain things are done in the clinic. Then the child's temperature, pulse, respiration, height, weight, and blood pressure are taken by the nurse. The information is charted and a case folder prepared. The child is then referred to the pediatrician or to one of his assistants for a complete pediatric examination. The history, physical examinations, and tentative clinical impression become the basis of recommendation for further laboratory tests

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[1]New Jersey State Crippled Children Commission State Plan, 1946, pp. 8-9.

and treatment. Laboratory tests may be made immediately after the examination by the pediatrician and cardiologist or an appointment for tests at a later time may be made. The recommendations of the physician are interpreted to the patient and the parent by the public health nurse who is attached to the cardiac unit. If there is a social problem or if any planning is to be done with social agencies, the child's case is next referred to the medical-social worker; otherwise, the patient is given a slip containing his name, address, and the date for his return to the clinic.

Clerical personnel is under the supervision of the public health nurse attached to the clinic. The nurse is, therefore, responsible for the proper completion of the following procedures:

1. A case folder must be prepared for each case.

2. A registration form is to be completed in quadruplicate for every new child who is examined at the clinic or admitted to the unit. One copy is made for the Trenton office, one for the clinic file, one for the district nursing office, and the fourth copy is for whatever nursing agency will follow this case.

3. A doctor's report on each child is made after each visit. Five copies are prepared and distributed as above with the fifth copy sent to the family doctor or school physician. Any change in, or addition to, the diagnosis should be recorded on each report.

4. A form with a return clinic examination date should be given to each patient.

5. A physician's referral slip to nurses with instructions for care should be made in quadruplicate form.

The standing orders for nursing care are issued on the cases upon instruction from the doctor. Copies are sent to central office, district office, and nursing agencies; one copy is kept in clinic folder.

6. A letter of instruction to the nursing agency is prepared by the nursing consultant together with authorization for nursing visit if it is an agency from which service is purchased. The nursing agency is asked to complete the Nurse's Report of Initial Visit in triplicate for the clinic file, the central office, and the district office. These reports are reviewed by the medical director and the nursing consultant. The nurse's report of the follow-up visit would follow the procedure outlined above. The nursing agencies are requested to send in Progress Reports for any subsequent visit or series of visits.

7. A Rheumatic Fever Clinic Summary should be prepared weekly by the clinic stenographer on each child seen at the clinic. The form is filled out in triplicate. One form is for the central office of the state agency, one for the hospital, and the other for the district office.

The above record forms are those used by the Crippled Children Commission of New Jersey in its demonstration unit for the care of children with rheumatic heart disease. Copies of these records may be found in the appendix of this paper.

After the hospital has been selected, the choice of a convalescent center in the county is the next matter for consideration. Such a center should be located in the same county as the hospital unit and should be used exclusively for rheumatic fever patients in the sub-acute stage of rheumatic fever or of rheumatic heart disease. The medical personnel of the convalescent home should be, if possible, the same personnel that provided medical supervision at the hospital

during the acute stages of the disease.

The physical equipment of the convalescent center should consist of small sleeping units. Six to eight children may sleep in a room. There should be a few cubicled units which are essential for observation and isolation purposes. The playroom, treatment room, dining room, occupational-therapy room, and classrooms should be attractively decorated and should have adequate equipment and storage space.

The care of the children and young adults in a convalescent home should be supervised by a graduate nurse on a twenty-four hour basis. The nurse in charge should have the same educational background and experience as the pediatric supervisor in the hospital unit because her philosophy of care should pervade the institution. The selection of the nursing personnel in a convalescent home for children with rheumatic fever is very important. The nursing staff does not have to be as large as the staff in the hospital unit; nurses' aides may care for a patient under the supervision of a nurse. The nurse should not only supervise the care of the child, but she should provide for the growth and development of the child and give him opportunities for learning through group activity.

The physician is the one who determines when the patient is ready for convalescent care. Convalescence is generally conceded to mean that interval of time between the stage of

acute illness and the state of maximum physical recovery which allows the individual to resume relatively normal living. Following the actue stages of rheumatic fever, mild symptoms may continue for a long period. During this time the convalescent center fills a need in the program because there the children can receive medical and nursing supervision. Even after the disappearance of the clinical or obvious symptoms, laboratory tests usually show a continuation of the activity of the disease. Sometimes the recurring attacks are frequent. Heart damage may develop or increase as long as the rheumatic fever continues. Limited activity and bed rest allow the body to conserve its entire energy and to build up a resistance against infection.

The pediatric nurse must have an understanding and appreciation of what is essential in providing convalescent care for children with rheumatic heart disease. The nurse in charge of the convalescent home should have an understanding of the clinical and public health aspects of the disease. The nurse should satisfy the child's need for affection, security, approval, and a sense of belonging. Convalescence is an important time for the child, during which he may be taught sound mental hygiene. At the convalescent stage he can learn how to get along with others; he can, along with a reasonable dependence, enjoy independence, self-expression, elements of good citizenship, and opportunities for achievement.

In planning the total care of the child with rheumatic heart disease, consideration must be given not only to medical and nursing supervision, but also to the social, recreational, religious, and educational needs of the child. The family of the child, likewise, needs help and advice:

1. Both the child and his family should understand the etiology of the disease and the need for further care.

2. Parents should be aided in understanding the child in his present phase and growth and development and they should be assisted in planning for his future.

3. Cooperation from other agencies should be sought in preparation for the child's home coming so that his care may be continuous.

4. Conferences with public health nurse, parents, doctors, and teachers should be arranged.

The following check lists might be used for the selection of a county and hospital and convalescent center in which a rheumatic heart disease unit is to be established.

I. Guide for the evaluation of county.

A. <u>Physical facilities</u>

1. Population
2. Geographic area
3. Economic status
4. Transportation facilities
5. Statistics
   a. Number of deaths per 1000 population
   b. Number of deaths of all age groups from rheumatic fever
   c. Number of deaths per 100,000 population from tuberculosis, typhoid, diptheria, measles, and scarlet fever

B. Provision for health care

1. Hospital facilities
2. Facilities for out-patient care
3. Distribution of medical and nursing care
4. Cost of medical care
5. Free medical care
6. Health services to special groups
7. Convalescent centers
8. Recreational facilities

C. Nursing services in this county

1. Number of visiting nurse associations
2. Number of public health nurses employed by municipal health departments
3. Number of school nurses

D. Agencies for community planning and coordination

1. County medical society
2. Members from the Community Chest
3. Voluntary and public health agencies
4. Social agencies interested in the welfare of children

E. Educational resources

1. Special classes for cardiac children
2. Laws relating to a visiting teacher
3. Teachers' allocation to the hospital and convalescent center

II. Guide for the evaluation of a pediatric unit in a hospital or convalescent center

A. Physical facilities--Analyze for size, location and needs of unit

1. Cubicle arrangement
2. Play room
3. Utility rooms
4. Cupboard space
5. Isolation facilities
6. Treatment room
7. Formula room
8. Conference room
9. Parents room
10. Medicine closet
11. Diet kitchen

B. Equipment

1. Individual equipment for each patient
2. Emergency equipment
   a. Oxygen
   b. Suction
   c. Stimulants
   d. Tracheotomy set
3. Intravenous and clysis sets for children

C. Atmosphere

1. Warmth
   a. Attitude of workers
   b. Attractiveness of furnishings--colored curtains, pictures, etc.
   c. Clothing for children
2. Amount of confusion and noise
3. Comfort of patient
4. Nurse-child relationship
5. Student-head nurse relationship

D. Nursing care

1. Techniques--amount of cross infection
2. Comfort of child--Facial expression, cleanliness of mouth, nose, eyes, umbilicus, fingernails, toenails, hair with ribbon
   Position--Fowlers
   Orthopedic implications
   Amount of restraint used
3. Care of diapers--washing of hands
4. Dressings--clean and in place
5. Play needs--evidence of materials on ward, use of playpens
6. Adjustment of new children to ward nurses
7. Sick children--evidence of special nurses--presence of parents
8. Preparation for surgery, X-rays, etc.
9. Organized play--singing, etc.
10. Children on porch in beds
11. Parents assisting with care
12. Visiting hours--frequency
13. Nurse staying with child during rectal temperature

E. Educational resources

1. Public school teachers--elementary and high school
2. Occupational therapy
3. Religious education
4. Recreational education

CHAPTER III

EDUCATIONAL PROGRAM

The establishment of a demonstration rheumatic heart unit in any state creates the need of a pediatric educational program for the nursing personnel of the agency which is responsible for the development of the unit. The Public Health Nursing Consultant in Pediatrics should give assistance and advice for the improvement of the plan of child care in the hospital and she should be actively engaged with the in-service educational program for public health nurses, school nurses, pediatric head nurses, supervisors, and all other related workers.

The pediatric nurse should enlist the services of an advisory committee from the State League of Nursing Education to assist in the planning of a pediatric nursing educational program. The members of this committee should be the pediatric nurses who are best qualified to care for children and young adults. The group should organize the project and arrange for a series of all-day institutes in pediatric nursing. A series of institutes should be held on a specified date each month at some hospital which has physical facilities and equipment adequate for demonstration purposes and for

the showing of films on child care. Notices of such institutes should be sent to all the participating hospitals and agencies two weeks prior to the meeting. In New Jersey, the Crippled Children Commission personnel have found, through experience in orthopedic nursing, that all-day institutes are the best method for imparting knowledge relative to a project of this kind; the staff of the commission, therefore, sends out notices about the institutes.

The objectives of the servies of Pediatric Nursing Institutes, planned by the pediatric nurse consultant for the State of New Jersey, are the following:

1. A review of the growth and development of the normal child and young adult, with special emphasis on the teaching of nutritional needs.

2. Presentation of the newer concepts and methods in pediatric nursing.

3. Consideration of rheumatic fever as a public health problem.

4. Discussion of the medical, nursing, social, and emotional aspects of rheumatic heart disease.

5. Development of knowledge which will enable the public health nurse to anticipate the needs of both the child with rheumatic fever and of his parent.

6. Publication of the available facilities and necessary procedures for the care of children with rheumatic heart disease both in the State of New Jersey and on the national level.

7. Understanding health implications which are due to rheumatic heart disease and which interfere with the normal physical, social, mental, and emotional growth of the child.

The following institutes and bibliographies will be used in the State of New Jersey's educational program. This educational program will be followed by other institutes that will meet the need of the group.

STATE CRIPPLED CHILDREN COMMISSION

PEDIATRIC NURSING INSTITUTE

Presiding:--		Pediatric Nurse Consultant
9:30 A.M. to 12:30 P.M.	Registration	
	Physical Growth and Development of the Normal Child	Pediatrician
	Nursing Responsibilities in the Care of the Normal Child	Pediatric Nurse Consultant
	Discussion Period	
	Lunch	
1:30 P.M. to 4:30 P.M.	Mental Growth of the Normal Child	Psychologist
	Films:-- "A Baby Day at Twelve Weeks" "A Behavior Day at Forty-Eight Weeks" "Behavior Patterns at One Year"	Produced by Yale Clinic on Child Development by Gesell

STATE CRIPPLED CHILDREN COMMISSION

PEDIATRIC NURSING INSTITUTE

Presiding:--		Pediatric Nurse Consultant
9:30 A.M. to 12:30 P.M.	Registration	
	Panel Discussion:-- Medical, Social, and Recreational Needs of the Normal Child	Pediatrician Physical Educator Medical-Social Worker
	Nutritional Needs of the Normal Child	Nutritional Consultant
	Film:--"Nutrition"	Educational Film Library Association
	Discussion Period	
	Lunch	
1:30 P.M. to 4:30 P.M.	Education and Guidance of the Normal Child	Director of Guidance
	Film:--"Play Is Our Business"	Produced by Play School Association

STATE CRIPPLED CHILDREN COMMISSION

PEDIATRIC NURSING INSTITUTE

Presiding:-- Pediatric Nursing Consultant

9:30 A.M. to 12:30 P.M.	Registration	
	The Federal Social Agency Responsibilities for Initiating State Program for Rheumatic Fever	Regional Medical Consultant
	Introduction of the State of New Jersey Rheumatic Disease Program	Medical Director of the Program
	Introduction of the Personnel and Their Place in the Program	
	Lunch	
1:30 P.M. to 4:30 P.M.	Orientation	
	Tour of the Pediatric Ward Unit, Clinic Facilities, and Laboratory Facilities	
	Tour of the Convalescent Center	Pediatrician Pediatric Nursing Consultant

STATE CRIPPLED CHILDREN COMMISSION

RHEUMATIC FEVER INSTITUTE

Presiding:-- State Advisory Public Health Nurse

9:30 A.M. to 12:30 P.M.	Registration	
	Panel Discussion	
	The Medical, Public Health Nursing, Social and Educational Aspects of the Child with Rheumatic Fever	Psychologist Pediatrician Pediatric Nurse Consultant Nutritionist Medical-Social Worker Physical Therapist Occupational Therapist
	Lunch	
1:30 P.M. to 4:30 P.M.	Film:--"Care of the Cardiac Patient" Moving picture which demonstrates nursing care given to a cardiac patient	
	Film:--"The Heart and Circulation" Moving picture which demonstrates the circulation of the heart	
	Discussion	

STATE CRIPPLED CHILDREN COMMISSION

PEDIATRIC NURSING INSTITUTE

Presiding:--		Pediatric Nursing Consultant
9:30 A.M. to 12:30 P.M.	Registration	
	Case Conference Relative to Rheumatic Heart Disease	
	Presentation of a Case History	Student Nurse
	Clinical Aspects Integration of Social and Health Aspects in Total Individual Care	Pediatrician Pediatric Nursing Staff of the Hospital Unit Cardiologist Medical-Social Worker Physical Therapist Occupational Therapist
	Discussion Period	
	Film:--"Your Friend--The Public Health Nurse"	Produced by the Metropolitan Life Insurance Company
	Lunch	
1:30 P.M. to 4:30 P.M.	Studies on the Drug Therapy Used in Rheumatic Fever	Cardiologist
	The Role of the American Council on Rheumatic Fever of the American Heart Association	Speaker of the American Heart Association
	Film:--"Jimmy Beats Rheumatic Fever"	Produced by the Metropolitan Life Insurance Company

Bibliography for Public Health Nurses

on General Pediatrics

Aldrich, C. Anderson and Mary M., Feeding Our Old Fashioned Children, Revised edition, The Macmillan Company, New York, 1944.

Bancroft, Corinne, Elizabeth Pierce, and Bessie Cultes, Pediatric Nursing, The Macmillan Company, New York, 1943.

Breckenridge, Marion E., and Vincent E. Lee, Child Development, W. B. Saunders Company, Philadelphia, 1943.

Children's Bureau Publications--Federal Security Agency, Washington, D.C.

Building the Future for Children and Youth--Next Steps Proposed by the National Commission of Children in Wartime, Publication #310, 1945.

Guiding the Adolescent, Publication #225, 1946.

Infant Care, Publication #8, 1945.

The Appraisal of the Newborn Infant, Publication #242, 1938.

Your Child from One to Six, Publication #30, 1945.

Facts About Child Health, Publication #294, 1946.

The Road to Good Nutrition, Publication #270, 1944.

Cole, Luella, Psychology of Adolescence, Farrar and Rinehart, Inc., New York, 1942.

Dill, Ethel, and Isabelle M. Jordan, "Convalescent Care of Children," The American Journal of Nursing (December, 1945), 45:1029-1031.

Faegre, Marion L., and John E. Anderson, Child Care and Training, The University of Minnesota Press, Minneapolis, 1940.

Funsten, Robert V., and Cormelita Calderwood, Orthopedic Nursing, C. V. Mosby Co., St. Louis, 1943.

Gesell, Arnold, and Frances L. Ilg, The Infant and Child in the Culture of Today, Harper and Brothers, New York, 16th edition, 1943.

_____, The Child from Five to Ten, Harper and Brothers, New York, 1946.

Griffith, J. P., and A. G. Mitchell, Diseases of Infants and Children, W. B. Saunders Company, Philadelphia, 3rd edition, 1940.

Holt, L. Emmett, and Rustin McIntosh, Holt's Diseases of Infancy and Childhood, D. Appleton-Century Company, New York, 1940.

Jeans, Philip C., and Winfield Rand Blake, Essentials of Pediatrics, J. B. Lippincott Company, Philadelphia, 1946.

Jersild, Arthur T., Child Psychology, Prentice-Hall, Inc., New York, 1940.

Lewin, Philip, Orthopedic Surgery for Nurses including Nursing Care, 3rd edition, W. B. Saunders Company, Philadelphia, 1940.

Lyon, Robert A., and Winfred Keltenbach, Mitchell's Pediatrics and Pediatric Nursing, W. B. Saunders Company, Philadelphia, 1944.

Marriott, Williams, and P. C. Jeans, Infant Nutrition, C. V. Mosby Company, St. Louis, 1941.

Raney, Richard B., and A. R. Shands, A Primer on the Prevention of Deformity in Childhood, National Society for Crippled Children, Elynia, Ohio, 1941.

Spock, Benjamin, M.D., Avoiding Behavior Problems, New York State Committee on Mental Hygiene, 105 E. 22nd St., New York 10, N.Y.

_____, The Pocket Book of Baby and Child Care, Pocket Books Inc., Rockefeller Center, New York, 1946.

Bibliography for Public Health Nurses

on Play and Recreation

Bibliography of Books for Young Children, Association for Childhood Education, Washington, D.C.

Burhharat, A., "You Can Be a Play Nurse," Public Health Nursing (September, 1944), 36:445-462.

Children and Comic Magazines, free pamphlet, Juvenile Group Foundation, 125 E. 46th St., New York.

Davis, Mary G., Stories--A List of Stories to Tell and Read Aloud, New York Public Library, New York, 1943.

Diversion for the Sick, John Hancock Mutual Life Insurance Co., Life Conservation Service, Boston.

Dixon, C. Madeline, The Young Child at Home, John Day Company, New York, 1942.

_____, Keep Them Human, John Day Company, New York, 1942.

Garrison, Charlotte G., Permanent Play Materials for Young Children, Scribner's Sons, New York, 1926.

Hart, Harold, Fifty Rainy Day Games for Children, Home Recreation Library, 305 W. 56th St., New York.

Jordan, Nina R., Holiday Handicraft, Harcourt Brace Co., New York, 1938.

Kawin, Ethel, The Wise Choice of Toys, University of Chicago Press, Chicago, 1934.

Lambert, Clara, Play: A Yardstick of Growth, Play School Association, Inc., 119 W. 57th St., New York, 1938.

_____, Schools Out, Harper and Brothers, New York, 1944.

Leeming, Joseph, Fun with Clay, J. B. Lippincott Co., Philadelphia, 1944.

Portfolio on Materials for Work and Play, Association for Childhood Education, Washington, D.C., 1945.

Shaw, Ruth F., Finger Painting, Little, Brown and Co., Boston, 1944.

Smith, Anne Marie, Play for Convalescent Children in Hospital and At Home, A. S. Barnes and Company, New York, 1941.

Bibliography for Public Health Nurses

on Rheumatic Fever and

Rheumatic Heart Disease

Armstrong, Donald, and George Wheatley, "Community Organization for the Control of Rheumatic Fever," New York State Journal of Medicine (January, 1945), 45:2.

Blaisdell, Leah M., "Home Nursing Care for Cardiac Children," Public Health Nursing (November, 1941). Reprinted for Children's Bureau, Washington, D.C.

Bowe, A., "Home Care of the Rheumatic Cardiac," American Home (June, 1944), 32:58-59.

Cardiac Conditions, Community Service Society, Department of Educational Nursing, 105 E. 22nd St., New York 10, N.Y.

Cleesattel, Mary E., "Medicine and Social Work Join Forces in the War on Rheumatic Heart Disease," Modern Hospital (April, 1945), 64:63-64.

DeGraff, Arthur C., M.D., Heart Disease in School Life, American Heart Association, Inc., 1790 Broadway, New York.

Deutch, Albert, "Rheumatic Fever," Women's Home Companion (July, 1946), 73:20-21.

Diseases of the Heart, A Summary for Layman and Lecturer, American Heart Association, Inc., 1790 Broadway, New York.

Facts about Rheumatic Fever, Publication #297, Children's Bureau, Federal Security Agency, Washington, D.C., September, 1945.

Galvin, Louise F., M.D., "Preventive and Public Health Aspects of Rheumatic in Children," Southern Medical Journal (February, 1943), 36:116.

Galvin, Louise F., M.D., "The Rheumatic Fever Program in Virginia," Journal of Pediatrics (March, 1945), 26:255-258.

Herrmann, George R., M.D., Synopsis of Disease of the Heart and Arteries, C. V. Mosby Company, St. Louis, 1944.

Huse, Betty, M.D., "General Statement regarding State Rheumatic Fever Programs," Journal of Pediatrics (March, 1945), 26:245-249.

_____, "If A Child Has Heart Disease or Rheumatic Fever," The Child (May, 1944), 8:163-165.

Jones, T. Duckett, M.D., "The Diagnosis of Rheumatic Fever," Journal of the American Medical Association (October 21, 1944), 126:481-484.

_____, "Heart Disease in Childhood," American Journal of Public Health (May, 1938), 28:637-643.

_____, "The Etiology of Rheumatic Fever," Journal of Pediatrics (December, 1939), 15:772-785.

Kultner, A. G., "Sulfonamide Prophylaxis for the Prevention of Rheumatic Recurrences," Journal of Pediatrics (March, 1945), 26:216-219.

Lichty, John A., "Relations of Streptocci Antifibrinolysin to Acute Rheumatic Fever," American Journal of Diseases of Children (July, 1941), 62:922-100.

Problems in the Prevention and Relief of Diseases of the Heart, American Heart Association, Inc., 1790 Broadway, New York.

Rheumatic Fever--What It Is, Metropolitan Life Insurance Co., 1 Madison Ave., New York.

Rheumatic Fever in Children--Its Recognition and Management, Metropolitan Life Insurance Co.

Rheumatic Heart Diseases in Children, American Heart Association, Inc.

Rheumatism, Metropolitan Life Insurance Co.

"Round Table Discussion on Rheumatic Fever," Journal of Pediatrics (March, 1939), 14:395-413.

Sadler, Sarah, R.N., and Elizabeth Seibel, R.N., "The Child with Active Rheumatic Fever and Her Nursing Care," The American Journal of Nursing (March, 1946), 46:3.

Salans, Harvey A., "Rheumatic Fever a Public Health Problem," Tufts Medical Journal (June, 1944), 11:17-24.

Swift, Homer F., "Public Health Aspects of Rheumatic Heart Disease," Journal of the American Medical Association (November, 1940), 115:1509-1518.

Senn, Milton J., M.D., "Emotional Aspects of Convalescence," The Child (August, 1945), 10:24-28.

Taran, Leo, "Value of Convalescent Care for Rheumatic Children," Journal of Pediatrics (June, 1941).

Terry, Edith M., "Rheumatic Fever and the Nurse," American Journal of Nursing (December, 1943), 43:1082-1086.

Wheatley, G. M., "Mobilization against Rheumatic Fever," Journal of Pediatrics (March, 1945), 26:237-244.

Wilcox, E., "Rheumatic Fever--Diagnosis, Prognosis, Treatment and Nursing Care," American Journal of Nursing (February, 1945), 45:94-99.

CHAPTER IV

SUMMARY AND CONCLUSIONS

This paper has been prepared to show how the principles of pediatric nursing care have been integrated in a demonstration unit for the treatment of children with rheumatic heart disease in one county in the State of New Jersey. A systematic program has been developed with these essential elements considered:

1. A recognized need in the county for such a program.

2. A survey of county facilities before the program was introduced. The county must provide a suitable hospital and convalescent home, along with adequate medical nursing and medical social supervision so that provision can be made for a continuity of care and adequate follow-up services.

3. Cooperation of an over-all planning committee composed of state and county official and non-official representatives who are interested in the promotion of the health and welfare of children.

4. Presentation of a plan which outlines clearly the scope and limitations of the program.

5. Provision for advanced training courses for all nursing personnel who participate in the program. The nursing

personnel should have a post-graduate course in advanced clinical pediatric nursing before the plan is started.

6. Interpretation of the nursing problems of the child with rheumatic fever and rheumatic heart disease by the pediatric nursing consultant to all members of the commission staff.

7. Education of both the child and his family so that they may realize the etiology and effects of the disease as well as the adjustments that must be made to provide for his total care.

Through this demonstration unit in the rheumatic fever program, it is to be hoped that there may be improved nursing care for children with rheumatic heart disease, general education of children and parents in public health problems, and a resultant alertness to the preventative aspects of the disease. Ultimately the success of this one unit should lead to the extension of the program to all parts of the state, to the training of an increased number of medical and nursing personnel in this specialized field, and the desired decline in the prevalence of the disease.

BIBLIOGRAPHY

American Journal of Nursing, Editorial in (September, 1946), 46:577-579.

Facts About Child Health, Bureau of Publication No. 294. United States Department of Labor, Children's Bureau, Washington, D.C., 1946. 31 pp.

Huse, Betty, M.D., "General Statement Regarding State Rheumatic Fever Programs," The Journal of Pediatrics (March, 1945), 26:245-249.

Jeans, Philip C., Winifred Rand, and Florence Blake. Essentials of Pediatrics, Fourth edition. J. B. Lippincott Company, Philadelphia, 1946. 627 pp.

National League of Nursing Education. Suggested Minimum Qualifications of Personnel for Nursing Schools and Hospital Nursing Service. National League of Nursing Education, 1790 Broadway, New York, 1946. 12 pp.

National Society for Crippled Children and Adults, Inc. Convalescent Care for Children. National Society for Crippled Children and Adults, Inc., Chicago, 1946. 143 pp.

New Jersey State Crippled Children Commission State Plan, 1946. New Jersey State Crippled Children Commission, 732 Broad Street Bank Building, Trenton, New Jersey. 56 pp.

Pfefferkorn, Blanche, and Charles Rovetta. Administrative Cost Analysis for Nursing Service and Nursing Education, American Hospital Association and the National League of Nursing Education, 1940. 202 pp.

Smith, Anne Marie. Play for Convalescent Children in Hospitals and At Home. A. S. Barnes and Company, New York. 133 pp.

Summary of Vital Statistics, 1941. Bureau of Census, Vol. 18, No. 2, United States Department of Commerce, Washington, D.C., January, 1943. 19 pp.

APPENDIX

Form No. CC-37
NURSE'S CASE RECORD

Date registered C.C.C._____

STATE CRIPPLED CHILDREN COMMISSION

732 Broad Street Bank Building
Trenton, New Jersey

Case number 1945_____ 1946_____ 1947_____
1948_____ 1949_____ 1950_____ 1951_____
1952_____ 1953_____ 1954_____ 1955_____

Telephone number_____

Last Name First Middle Referred by_____

Address City, Town, R.F.D. County Floor code or directions

Age of patient_____ Family—Color (circle) W N Marital condition of parents (circle) S M W Sep. Des. Div.

Father's name	Country of birth	Date of birth

Mother's name	Maiden name			Country of birth	Date of birth

Children's names	Sex	Dead	Living elsewhere		

State Board of Children's Guardians (check)_____D. C. D._____ H. L._____

Others in household Sex Age Relationship—specify if lodgers

Apparent economic status (check) Comfort_____ Necessities_____ Poverty_____

Occupation of father_____ Weekly income_____

Name and address of employer_____

Occupations of other members of family_____

Previous medical and surgical care for disability—(state treatment given previous to admitting case on this record)

Name of physician or hospital, address Operation or treatment Treated from To

Diagnosis _____ Later Diagnosis_____

Mental diagnosis (check if psychological has been done, if not check apparently normal or apparently retarded.)

Superior_____Above Average_____Average_____Dull_____

Borderline feebleminded_____ Feebleminded_____ Apparently normal_____ Apparently retarded_____

Appliance worn (describe)

Nurse's description of crippling condition (include all parts involved)

Age when crippled. Cause

Orthopedic or plastic surgeon Address

Orthopedic or plastic surgeon Address

Neuro-surgeon Address

Family physician Address

Name and address of clinic	Date Adm.	Date Dis.
Clinic		
Clinic		
Clinic		
Clinic		

Treatment recommended—include all treatment private and clinic Return date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Immunization and tests—give date completed and results

Smallpox Diphtheria Schick Test

Syphilis Tuberculin test or X-Ray

Remarks

Hospital care—Institutions—Convalescent homes

Place	Type of operation or treatment	Date Adm.	Date Dis.

Preschool Age (check)_____ Home teacher (check)_____ Name and address of school

Grade School___ 1__2__3__4__5__6__7__8

High School____ 1__2__3__4_____(circle highest grade)

College_____ 1__2__3__4

Cooperating Agencies

Name of Agency	Nurse's or worker's name	Address

Year	Date Admitted	Date Dismissed	Total Visits	Reason for Dismissal
1945				
1946				
1947				
1948				
1949				
1950				
1951				
1952				
1953				
1954				
1955				

Date	(Indent dates of telephone calls)

Date	(Indent dates of telephone calls)

TO BE COMPLETED AND FORWARDED TO THE COMMISSION IN DUPLICATE

Form No. CC.O
REGISTRATION FORM

STATE CRIPPLED CHILDREN COMMISSION

732 Broad Street Bank Building
Trenton, New Jersey

Refers Case No. .....
C.C.C. Case No. .....
Date .....

This form to be used for registering crippled children under 21 years of age with the State Crippled Children Commission.

1. Last Name ..... First Name ..... Middle Name .....
2. Street and No. ..... R. F. D. ..... Floor or Apt. No. .....
3. City, Town ..... Twp. ..... County .....
4. Date of Birth ..... Sex ..... Color ..... Birth Place .....
5. Father's Name ..... Occupation ..... Birth Place ..... Birth Date .....
6. Mother's Name ..... Occupation ..... Birth Place ..... Birth Date .....
7. Guardian's Name ..... Occupation ..... Relationship ..... Birth Date .....
8. Complete medical diagnosis, if possible .....
   (By site and manifestation)

.....

.....

.....

9. Probable cause? ..... Age When Crippled .....
10. Give name and address diagnosing physician .....
11. Date and place of last medical examination? .....
12. Should child be re-examined? .....
13. If examination is necessary, will parents bring child to clinic when notified? .....
14. If not, will it be necessary to provide transportation? .....
15. If child has previously been treated, or is now under treatment, give name and address of physician, hospital or clinic and date of last treatment .....

.....

.....

16. Additional handicaps? ..... Under care? .....
17. Is child attending school? ..... Grade? ..... { Name and Address of School .....
18. If not attending school, why not? .....

.....

19. If employed, give name and address of employer .....
20. Type of employment ..... Social Security No. .....
21. If unemployed, state reason .....
22. If child is 14 years of age or over, should the case be referred for vocational guidance and training? .....
23. Is child apparently a helpless case? ..... If so, what care is suggested? .....
24. If mentally retarded, is institutional care indicated? .....
25. In need of care? (Physically and economically) .....

.....

26. State other care required .....
27. Specify surgical appliance worn .....

Name and Address of Person Making Investigation

.....

.....

Organization Represented

.....

If unable to fill in all questions, do not fail to return blank to the Commission.

Post additional information on reverse side by line number

STATE OF NEW JERSEY
CRIPPLED CHILDREN COMMISSION

Physician's Referral Slip to Nurses

Name: _____ Date: _____

Address: _____ Case No.: _____

I. Diagnosis and present condition: _____

_____

_____

II. Physician's instructions regarding care:

A. Privileges and activities (see attached sheet)

B. Medications _____

_____

C. Diet _____

D. Shall mother take T.P.R. _____ How often? _____

E. Frequency of nursing visits desired _____

F. Is report of each nursing visit desired? _____ Or how frequently? _____

G. Shall report of social situation be included? _____

H. Shall hospitalization be urged? _____

I. Date patient is to return to clinic _____

III. Remarks or special requests _____

_____

_____

_____

Signed: _____
(Physician)

C.C. Form #60
Standing Orders for
Nursing Care -
CARDIAC PROGRAM

STATE OF NEW JERSEY
CRIPPLED CHILDREN COMMISSION

RHEUMATIC FEVER CLINIC
ST. MICHAEL'S HOSPITAL
CORNER CENTRAL AVENUE AND HIGH STREET
NEWARK, NEW JERSEY

Clinic held every Wednesday 9:30 to 12:00 A. M.

STANDING ORDERS FOR NURSING CARE:

Cod Liver Oil - One dram three times a day.

One orange daily.

Rest 12 hours a day.

Rest 1/2 hour before meals and 3/4 hour after meals.

Instruct mother to take pulse while patient is sleeping and report to nurse.

TREATMENT BY PHYSICIAN:

Elixir of Feosol or Elixir of Ferrous Sulphate - One dram three times a day. (To be given through a straw.) Only for those patients with anemia.

INSTRUCTIONS TO FAMILY:

Avoid contact with others with colds and streptococcus infections.

Rheumatic fever is a long drawn out, chronic disease, with possible recurrent attacks precipitated by streptococcus infections.

William Rumsey

William L. Rumsey, M.D.
Medical Director, Cardiac Program
Crippled Children Commission

Form CC-55
Cardiac Division
Nurse's Report of
Initial Visit

N. J. Crippled Children Commission

RHEUMATIC FEVER CLINIC

NURSE'S REPORT OF INITIAL VISIT

NAME: _____ DATE: _____

ADDRESS: _____

I. ADEQUACY OF HOME CARE:

A.- Physical facilities:

On what floor does patient live? _____

Does patient have separate room? _____

Does patient have separate bed? _____

Back rest available? _____

Knee prop used? _____

Foot rest available? _____

B. General physical facilities:

Windows _____ Lighting _____

Heating _____ Ventilation _____

2. PARENTAL CARE AND ABILITY TO ASSUME CARE: _____

_____

_____

3. ADEQUATE INCOME: _____

4. OTHER INFORMATION AND SUMMARY _____

_____

_____

_____

(SIGNED) (Nurse) _____ R.N.

(Agency) _____

_____

C.C.Form #56
CARDIAC-PROGRAM
Nurse's Report of
Follow-up Visit.

STATE OF NEW JERSEY
CRIPPLED CHILDREN COMMISSION

RHEUMATIC FEVER CLINIC

NURSE'S REPORT OF FOLLOW-UP VISIT.

NAME & ADDRESS _____ DATE OF VISIT: _____

I. GENERAL

A. Are instructions understood by mother? _____ By child? _____

B. In what ways are they not being carried out and why? _____

C. Does he have his medications? _____ Is he taking R_x as ordered? _____

D. How is child occupied during day (where was he and what was he doing when you arrived)? _____

II. CONDITION OF CHILD:

A. T.P.R. _____ B. Appetite _____ C. Elimination _____

D. Illness since last clinic visit, with dates: _____

E. Other significant symptoms, such as: Pallor, joint pains, epistaxis, abdominal pain, listlessness, irritability, tension, excitability, tearfulness, poor or restless sleep, contentment, resentment, resignation: _____

III. WHAT SOCIAL OR ENVIRONMENTAL FACTORS SEEM TO HINDER OR INTERFERE WITH PATIENT'S PROGRESS? _____

IV. WHAT WAS DONE OR PLANNED FOR PATIENT? _____

V. IS TRANSPORTATION AVAILABLE FOR PT. TO COME TO CLINIC? _____ WHAT TYPE? _____

VI. IS ANOTHER PHYSICIAN ON CASE? NAME AND ADDRESS: _____

VII. SPECIAL INFORMATION NURSE DESIRES ABOUT THIS CASE OF FAMILY: _____

SIGNED: (Nurse) _____
AGENCY: _____

Form C.C. 54-a

STATE OF NEW JERSEY
CRIPPLED CHILDREN COMMISSION

Name: _____ Date: _____

Privileges allowed as checked below:

( ) 1. Complete bed rest.
( ) 2. Complete bed rest, allowing patient to feed himself.
( ) 3. Complete bed rest, allowing patient to feed himself, plus bathroom privileges for bowel movements only.
( ) 4. Complete bed rest, allowing patient to feed himself, bathroom privileges for bowel movements only, and allowing patient _____ hours out of bed in morning and _____ hours out of bed in afternoon.
( ) 5. Same privileges allowed in No. 4, plus morning toilet, allowing child to dress himself.
( ) 6. Complete bathroom privileges.
( ) 7. _____ minutes' daily walk on level ground.
( ) 8. Up and about except for _____ hours' rest after meals and _____
( ) 9. Other activities allowed as checked below:

( ) Listening to quiet stories
( ) Listening to quiet stories, radio programs, such as music, victrola records
( ) Watching mechanical toys
( ) Watching flowers and plants grow, learning to name plants and flowers and color of blossoms
( ) Watching goldfish in an aquarium, or canary birds in cage, or perhaps small turtle or alligator in aquarium
( ) Puzzles, simple
( ) Checkers and related games
( ) Blocks
( ) Cutting
( ) Sewing
( ) Weaving small objects
( ) Pasting scrap books
( ) Painting
( ) Clay modeling
( ) Drawing
( ) Carving soap
( ) Construction
( ) Reading more stimulating stories
( ) Study-home teacher
( ) Visitors
( ) Blow toys, balloon
( ) Radio, more stimulating programs
( ) Loom weaving
( ) Wood carving
( ) Croquet
( ) Jack rocks
( ) Care of plants and flowers

NOTE:

a. All complete bed patients are allowed back rests.
b. All complete bed patients can be lifted to couch or easy chair, unless otherwise specified.
c. All patients should have meals in bed unless otherwise specified, and should rest an hour and a half after meals.

TO BE COMPLETED BY PUBLIC HEALTH NURSING AGENCIES AND FORWARDED TO THE COMMISSION'S REGIONAL OFFICE

Form No. CC-40
PROGRESS REPORT

STATE CRIPPLED CHILDREN COMMISSION

732 BROAD STREET BANK BUILDING
TRENTON 8, NEW JERSEY

This form to be used for reporting treatment progress and requesting nursing care for crippled children under age 21

Agency Case No. .....

C.C.C. Case No. .....

Date .....

Last name ..... First name ..... Middle name .....

Street, and No. or R.F.D. .....

City or Town ..... County .....

Diagnosis ..... Date of Birth .....

Present Medical and Surgical Care for Disability.

Date Examined .....

(a) Clinic .....
Name of Hospital — Name of orthopedic or plastic surgeon — City or Town

Give recommendations of clinic physician .....

.....

(b) Family physician .....
Name — Street and No. — City or Town

Give recommendations of family physician .....

.....

Requests for authorizations for nursing visits, consultant orthopedic nursing, medical social worker or psychologist. .....

.....

.....

Dates of nursing visits (Circle day) Month .....

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Summary of services rendered by agency .....

.....

.....

.....

.....

.....

.....

.....

Name of Agency .....

Address .....

Name of nurse submitting report ..... (over)

These reports should be submitted monthly with Monthly Report (CC 31)
When requested report new cases on Registration Form CC-O.
Patient must be seen by nurse before report is submitted.

C.C. #61
"Return to Clinic"
CARDIAC PROGRAM

STATE OF NEW JERSEY
CRIPPLED CHILDREN COMMISSION

RHEUMATIC FEVER CLINIC
ST. MICHAEL'S HOSPITAL
CORNER CENTRAL AVENUE AND HIGH STREESS
NEWARK, NEW JERSEY

Clinic held every Wednesday 9:30 to 12:00 AM

NAME _____

ADDRESS _____

RETURN TO CLINIC ON _____

WILLIAM L. RUMSEY, M.D.
MEDICAL DIRECTOR, CARDIAC PROGRAM

C.C. Form #58
Cardiac Clinic
Summary

NEW JERSEY CRIPPLED CHILDREN COMMISSION

Rheumatic Fever Clinic Summary

Date: Clinic: Place:

Cardiologist: Pediatrician: Nurse:

Medical Social Worker: Others:

Name of Patient	New	Old	Routine Examinations				Diagnosis	Recommendations & Disposition	Return
			Sed. Rate	Ekg.	Fluor-oscope	Blood Count			

Duffy, Eleanor Patricia

Pediatric pri[illegible]re in Rheumatic Fere[illegible]am.

BOSTON UNIVERSITY
1 1719 02550 9904

Date Due

MAY 26 1948		OCT 20 1960
JUL 6 1948		
OCT 13 1948		
DEC 17 1948		
OCT 13 1949		
NOV 7 - [illegible]		
JUN 27 1951		
NOV 3 1952		
NOV 3 - 1953		
OCT 2 1954		
JAN 17 1955		
MAY 16 1955		
OCT 2 1959		
OCT 13 1959		
[illegible]		
NOV 5 1959		

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